

MAY 17 2007



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                        |
|------------------------|------------------------|
| Application Number     | 10/619,794-Conf. #7883 |
| Filing Date            | July 15, 2003          |
| First Named Inventor   | Ian L. Brown           |
| Art Unit               | 1623                   |
| Examiner Name          | L. C. Maier            |
| Attorney Docket Number | 28053/37955A           |

**ENCLOSURES (Check all that apply)**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><input type="checkbox"/> Return Postcard |
| Remarks   |  |  |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                                |          |        |
|--------------|--------------------------------|----------|--------|
| Firm Name    | MARSHALL, GERSTEIN & BORUN LLP |          |        |
| Signature    |                                |          |        |
| Printed name | Jeffrey S. Sharp               |          |        |
| Date         | May 14, 2007                   | Reg. No. | 31,879 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 14, 2007

Signature:

(Jeffrey S. Sharp)

PTO/SB/17 (05-07)  
Approved for use through 05/31/2007. OMB 0651-0032

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FEE TRANSMITTAL  
Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).FEE TRANSMITTAL  
For FY 2007 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1520.00

## Complete if Known

Application Number 10/619,794-Conf. #7883

Filing Date July 15, 2003

First Named Inventor Ian L. Brown

Examiner Name L. C. Maier

Art Unit 1623

Attorney Docket No. 28053/37955A

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number 13-2855 Deposit Account Name MARSHALL, GERSTEIN & BORUN LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |                |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity | Fees Paid (\$) |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |                |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |                |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |                |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |                |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |                |

## 2. EXCESS CLAIM FEES

## Fee Description

| Fee Description                                    | Small Entity | Fee (\$) | Fee (\$) |
|--|--------------|----------|----------|
| Each claim over 20 (including Reissues)            |              | 50       | 25       |
| Each independent claim over 3 (including Reissues) |              | 200      | 100      |
| Multiple dependent claims                          |              | 360      | 180      |

| Total Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims   | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|---|----------|---------------|
|               | - =          | x        | =             | HP = highest number of total claims paid for, if greater than 20. |          |               |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |   |          |               |

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50 =        | (round up to a whole number) x                   | =        |               |

## 4. OTHER FEES(\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month  
1401 Notice of appeal

Fees Paid (\$)

1,020.00

500.00

## SUBMITTED BY

|                   |                  |                                   |        |           |                |
|-------------------|------------------|-----------------------------------|--------|-----------|----------------|
| Signature         |                  | Registration No. (Attorney/Agent) | 31,879 | Telephone | (312) 474-6300 |
| Name (Print/Type) | Jeffrey S. Sharp |                                   |        | Date      | May 14, 2007   |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 14, 2007

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